

**MEDICAL LEGAL/RISK MANAGEMENT
QUESTIONNAIRE**

USE THE ANSWER SHEET - CIRCLE YOUR ANSWER DO NOT MARK ON THIS TEST.

1. Intentional alterations of medical records after an adverse event make a malpractice case more difficult to defend because it severely compromises the health care provider's credibility and can give rise to allegations of fraud.
 - a. TRUE
 - b. FALSE
2. Conflict among caregivers (or finger-pointing among defendants) make malpractice defense more difficult even if appropriate care was given.
 - a. TRUE
 - b. FALSE
3. Risk Management means:
 - a. Identifying and managing potential liability situations.
 - b. Preventing injury or loss.
 - c. Practice good medicine
 - d. All of the above.
4. "Informed consent" means:
 - a. A consent form signed by the patient.
 - b. A process, which involves exchange of information regarding a proposed treatment or procedure between the physician and patient or the patient's legal representative.
 - c. An incomplete explanation of the risks of a procedure.
 - d. The same as implied consent.
 - e. None of the above.
5. Statute of limitations refers to:
 - a. The length of time consent is valid.
 - b. The length of time it takes to answer a complaint.
 - c. The length of time within which a patient must his/her lawsuit.
 - d. None of the above.

6. A claims-made policy:
- a. Provides coverage for claims that occur and are reported to the insurer between the inception date and expiration date of the policy.
 - b. May require a tail coverage "policy to avoid gaps in coverage.
 - c. Is usually less expensive than occurrence coverage.
 - d. (a) and (b) above.
 - e. (b) and (c) above.
7. The four elements of negligence are:
- a. Consent, duty, standard of care, injury.
 - b. Duty, cause of action, injury, contributory negligence.
 - c. Duty, breach of duty, causation, injury/damages.
 - d. Deposition, interrogatory, discovery, trial.
8. Which of the following is NOT the RIGHT of a patient who is receiving healthcare?
- a. To be informed of the special research or projects pertaining to his/her healthcare to give written consent if participating in a research project.
 - b. To be able to refuse care after being informed of the consequences.
 - c. To be allowed to smoke in his/her inpatient room regardless of what the hospital policy states.
 - d. To be ensured that all communications and records regarding his/her care be treated with confidentiality.
 - e. To be provided with information at the time of his/her discharge about future healthcare requirements.
9. For the most part, malpractice claims are resolved through claims settlement process, without ever resorting to a trial.
- a. True
 - b. False
10. A surgical procedure performed upon a person without express or implied consent constitutes:
- a. Breach of duty.
 - b. Battery.
 - c. Assault.
 - d. Contributory negligence
 - e. None of the above.

11. The purpose of the medical record is:
- a. Preserve information about the patient's medical treatment
 - b. Assist in the defense of malpractice claims.
 - c. Preserve information which may be used to collect disability benefits.
 - d. (a) and (b) above
 - e. (a), (b), and (c) above
12. An apology after an adverse event is treated as an admission of negligence.
- a. True
 - b. False
13. Which of the following best describes general rules concerning medical record documentation?
- a. Specific, objective, complete.
 - b. Specific, objective, complete, timely.
 - c. Objective, legible, complete, timely, and contemporaneous.
 - d. Subjective, timely, altered, incomplete.
14. Two things a resident physician can do to decrease the chances of being sued for medical malpractice are:
- (1) Explain to the patient that most malpractice cases stem from unscrupulous lawyers out to make a fast buck.
 - (2) To the extent possible, try to keep the patients informed about the developments in their case.
 - (3) Explain to the patient that television commercials soliciting potential malpractice cases are unfair and unjust and demonstrate societies greed.
 - (4) Be perceived by the patient as listening and caring regardless of what you can offer them otherwise.
- (a) (1) and (4)
 - (b) (1) and (3)
 - (c) (2) and (3)
 - (d) (2) and (4)
15. What must be disclosed during the informed consent process?
- a. The risks of the procedure.
 - b. The benefits of the procedure.
 - c. Alternatives to the proposed procedure.
 - d. Guarantees as to outcome of the procedure.
 - e. All of the above.
 - f. (a), (b), and (c)

16. Which of the following is NOT appropriate documentation practice?
- Date, time and signature for treatment orders.
 - Use of correction fluid (white-out).
 - Operative report dictated and signed within 48 hours.
 - Written discharge instructions.
17. Compensatory damages are awarded:
- To compensate the injured party for the injury sustained and nothing more.
 - For actual out-of-pocket losses incurred by the plaintiff, such as medical expenses and lost earnings.
 - To punish the healthcare provider for liability to the patient.
 - (a) and (b)
 - All of the above.
18. Correction of medical record entries is:
- Allowed as long as standard operating procedures followed to ensure an accurate record.
 - Unacceptable.
 - Considered tampering
 - An indication of cover-up
19. Overall, physicians in training are exposed to the same liability risks as attending physicians.
- True
 - False
20. Who may NOT consent for an incapacitated adult patient?
- Legally appointed guardian
 - Immediate family member
 - Healthcare proxy.
 - Minor.
21. An attending physician is always named in a claim involving a house officer.
- True
 - False
22. Emergency treatment may be rendered without express consent EXCEPT in the following situation:
- The patient is alert, oriented, and refuses consent to treatment
 - The patient is in immediate need of treatment
 - Delay in treatment would increase the risk to the patient's life or health
 - All of the above

23. It is acceptable for an attending physician to write a progress note criticizing a resident's quality of care if the resident does not consult with the attending physician prior to important management decisions.
- a. True
 - b. False
24. Which of the following should occur when completing an incident report?
- a. Providing all information requested, including witnesses.
 - b. Speculating or assigning blame.
 - c. Documenting the facts objectively.
 - d. Forwarding the report to risk management in a timely fashion.
 - e. (a), (c) and (d).
25. Aside from those health care providers who need to know as part of their direct involvement in a patient's care and treatment, and as authorized by specific state law, the patient's HIV results cannot be disclosed without the patient's written consent.
- a. True
 - b. False
26. Effective communication with patients:
- a. Helps resolve patient complaints.
 - b. Improves the patient's understanding of care
 - c. Promotes realistic expectations.
 - d. All of the above.
27. A typical progress note should include:
- a. The patient's current assessment and undertaken.
 - b. Patient's response to treatment and the current plan.
 - c. Equipment or supplies that are expensive or out-of-the-ordinary.
 - d. (a) and (b).
 - e. All of the above.
28. Which of the following is NOT considered a reportable event to risk management?
- a. Maternal or fetal death.
 - b. Medication error.
 - c. Unanticipated neurologic injury.
 - d. Fall.
 - e. Disagreement with the nursing supervisor

MATCH THE FOLLOWING (29 TO 34):

29.	Assault	a. Maximum amount of coverage for liability insurance during a specific period of time.
30.	Battery	b. Unauthorized or unlawful touching of another without justification or excuse.
31.	Tail Coverage	c. Unauthorized act of placing another in apprehensive of immediate bodily harm.
32.	Malpractice	d. Supplemental insurance policy to cover incidents occurring during claims-made policy term that have not yet been brought as a claim during the policy term.
33.	Negligence	e. Failure to act as a reasonable person would act under specific circumstances
34.	Aggregate Coverage	f. Failure to meet the standard of care by a professional which results in harm to another

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35. Which of the following is NOT True?
- a. HIV testing requires pre- and post-test counseling documented by the written consent of- the patient or patient's legal representative.
 - b. Release of HIV status to third-party payors and/or review organizations can be given without the patient's written consent because they have certain responsibilities over the case.
 - c. Health care providers are permitted to include HIV test results and the signed consent form in the patient's medical record so long as the medical record is afforded confidentiality.
 - d. A separate consent form is not necessary to report positive HIV test results to the appropriate public health officials.

36. Regarding consulting physicians, residents and fellows, all of the following are true statements except:
- a. They can be named alone or with other providers in a medical malpractice case.
 - b. They can have their name reported to the National Practitioner Data Bank if payment is ultimately made on their behalf.
 - c. Defendants may be added or dropped during the course of the suit as additional information is developed.
 - d. Once they have left their training, they can no longer be sued for something transpired during their training.
37. When involved in a potential malpractice claim, you may share privileged information (not subject to discovery) with each of the following, except:
- a. Personal attorney.
 - b. Risk manager.
 - c. Closest friends and colleagues.
 - d. Members of the official peer review process. Spouse.
38. Incident reports must be maintained separately from patient's records.
- a. True
 - b. False
39. Which of the following is/are true:
- a. If the medical protocol is followed, you are protected from malpractice claim.
 - b. If a patient feels he has a doctor who listens and cares, he is less likely to sue.
 - c. A large portion of malpractice suits come from patients who turn litigious because of provider attitudes.
 - d. A patient's perception of good medical care is often related to the physician's willingness to listen.
 - e. (b), (c) and (d)
 - f. All of the above.